Task Force Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems

Thursday, October 20, 2016 10:00 a.m. to 12:30 p.m. House Committee Room 0112 State Capitol Building

- I. Call to Order
- II. Introductions and Welcome
- III. Approval of Minutes

July minutes: approved August minutes: approved September minutes: approved

IV. Oversight Committee Update and Bill Discussion

The Oversight Committee met on August 22nd and asked for several bill requests. The bills that were approved will be introduced in January during the 2017 legislative session and received a House or Senate sponsor. Each assigned committee of reference can vote to move the bill forward, edit or postpone indefinitely. The Task Force is an integral part of the process and should have participation. The legislative session will end in May.

There were two bills introduced that did not make it through the approval process. The first bill concerns the removal of a juvenile sex offender from the registry upon the completion of his or her sentence. The second bill concerns excluding from the Colorado sex offender registry sex offenders whose offense occurred before the offender was 14 years of age. If any subcommittee would like to continue working on those two bills, tracking and stakeholder process can continue. Any bills that need clarity should inform Representative Singer and work for alignment.

What is the recommendation of the Sex Offender Management Board in regards to the two bills that did not make it through the approval process?

V. Equitas Foundation Presentation

The Equitas Foundation of Colorado works nationally at the intersection between behavioral health and criminal justice. The convening stakeholders around the country establish existing consensus with course correction for overall better outcomes in behavioral health and criminal justice. The Equitas Foundation wanted to create a document that would have concise reference points for easy dissemination.

Handout was given entitled "Course Corrections". Please refer to the attached handout for the seventeen priorities discussed.

Question: Hospitals have an option to opt out, how many do opt out?

Answer: Many hospitals find the cost for the licensure from the Officer of Behavioral Health to be onerous and a large reason as to why they are opting out. If the hospital is not under licensure from the Office of Behavioral Health, then they are designated under DACODS standards and IMPALA.

Question: Based on this presentation, what can the MICJS take on? Answer: The Equitas Foundation would like support with any consideration that MICJS might have.

VI. Goals and Objectives for Upcoming Year

The original legislation for MICJS was reviewed to determine the next year's line of work:

- housing for a person with mental illness after his or her release from the criminal and juvenile justice system;
- medication consistency, delivery, and availability;
- best practices for suicide prevention, within and outside of correctional facilities;
- treatment of co-occurring disorders;
- awareness of and training for enhanced staff safety, including expanding training opportunities for providers; and
- enhanced data collection related to issues affecting persons with mental illness in the criminal and juvenile justice systems.

There was an overall discussion regarding the above given concepts and how many other Task Forces are also working on the same topics. This Task Force helps other areas who need help with legislative oversight. It is important to communicate and align with other Task Forces so that duplicate work is not done.

Members would like to see the forced medication issue as a subcommittee. This subcommittee could be placed under the Medication Consistency Subcommittee within the Behavioral Health Transformation Council.

VII. Housing Group Update

The Housing Group is working on the finalization of the white paper for supportive services for housing. There have been revisions since the last review a month ago. The Housing Group is going to work to support the bill through the legislation process. The Housing Group will also look at options for spacing with beds instead of housing vouchers. There is a population of seriously mentally ill that does not work well with community transition programs. The Housing Group will attend the Capital Development Committee meeting to determine what outcomes of older state buildings and the possibility of repurposing for this population.

Housing will remain a subcommittee as there is more work to do and it is outlined in legislation.

VIII. Competency/Restoration Group Update

The Competency Group prepared a memo outlining our process and recommendations that are reflected in the Legislation. We have not come up with any formal plan to advocate any legislation. The main concern was the fiscal note at the last oversight committee meeting. The Competency Group was able to provide some research for cost and restoration was in other states. This subcommittee was created as an interim until there was a juvenile specific definition of competency.

There are more broad issues that will also be encompassed into this subcommittee. Gina Shimeall, Bill Martinez, Magistrate Peacock and Jen Longtin will participate in this subcommittee.

Competency will remain a subcommittee and will work to strategize before January for the drafting process. This subcommittee will be renamed.

IX. Data and Information Sharing Subcommittee Update

As people move between systems, there is a lack of information sharing regarding their treatment or medication needs. There is also lack of data for better program evaluation between the systems.

The group was given an extension to write the implementation grant for Information Sharing and the application was submitted but was not awarded. The group will work in January to look for more grants and other options.

This subcommittee would like to reconvene to discuss next steps into the coming year. Next month there will be an overview and outline based on the recommendations from the consultants and their statewide assessments. Peggy Heil will present these findings next month. The subcommittee will remain.

There is also the medication consistency work that this group is doing that falls under information sharing. The Medication Consistency group has submitted a draft and bill to the Oversight Committee. There needs to be a creation of a high level white paper to help everyone understand purchasing opportunities and the original intent of this group. Develop a one page act sheet for legislators as they are considering the bill.

X. Behavioral Health Transformation Council Update

The Behavioral Health Transformation Council is currently clarifying subcommittee work, goals, and outcomes.

IX. Membership Updates and Vacancies

A reminder was given that recruitment for subcommittees can occur and the person does not have to be a member of MICJS.

X. Legislative Update

No updates at this time.

XI. Other Updates

The Task Force can coordinate with CCJJ as many of their efforts align. There is a reentry CCJJ Subcommittee that is currently focusing on housing.

XIII. What's Happening at Your Agency

Colorado Department of Corrections is moving to an Electronic Health Record with implementatio in November, 2016.	n